

CITY OF HAMPTON SIGN REVIEW APPLICATION

DATE _____

CONTRACTOR NAME: _____

ADDRESS: _____ CITY/ZIP _____

STATE LIC # _____ CLASS: A ___ B ___ C ___

CONTACT NAME: _____

PHONE #: _____ CELL # _____ FAX #: _____

E-MAIL ADDRESS: _____

PROJECT ADDRESS: _____ ZIP _____

PROJECT NAME: _____

PHONE NO: _____

TYPE OF SIGN: WALL _____ PYLON _____ MONUMENT _____

WIDTH OF STOREFRONT _____ SIZE OF WALL SIGN: _____
(DRAWING SHOWING BLDG ELEVATION ATTACHED) (i.e. 4x10 40 sf)

SIZE & HEIGHT OF DETACHED SIGN: _____
(DRAWING SHOWING LOCATION ATTACHED) (i.e. 4x10 / 40 sf, ht 8 ft)

PROJECT VALUE: _____

DETAIL OF ALL EXISTING SIGNS: _____

DETAIL OF SIGNS REQUESTED: _____

SITE PLAN (w/LOCATIONS MARKED), COLOR COPIES AND ELEVATIONS
ARE REQUIRED FOR ALL SIGN REVIEW.

*SUBMIT ANY APPROVED REZONING APPLICATION, SPECIAL EXCEPTION,
USE PERMIT, CONDITIONAL PRIVILEGE OR VARIANCE FOR THE PROPERTY.*

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